



North Carolina Department of Transportation
DIVISION OF MOTOR VEHICLES
3145 Mail Service Center
Raleigh, North Carolina 27697-0001

LICENSE PLATE AGENCY COMMISSION CONTRACTOR APPLICATION
to Operate as a Business Entity

Date of Application: _____

Must choose both:

- Name of Individual
Name of Business Entity
I am applying for the License Plate Agency in _____ as advertised by the Division.

IMPORTANT! For Application to be considered, information must be provided in all sections of the Application, including the financial statement. Resumes will not be accepted in lieu of completing this Application.

PART I: APPLICANT INFORMATION SUBMITTING APPLICATION TO OPERATE AS A BUSINESS ENTITY

- 1. Applicant's Name:
2. Residential Address:
3. Mailing Address:
4. Contact Info: Cell Phone: Alternate Phone:
Email Address: Alternate Email Address:
5. Date of Birth: 6. Social Security Number (Last 4 Digits):
7. Are you a citizen of the United States? Yes No If No, what authorization do you have for employment in the United States? Credential Type: Expiration date:
8. Business Name as Recorded in Secretary of State Registry:
IMPORTANT! Please include a copy of your Secretary of State Filing with the Application
9. Business Address: County:
10. Mailing Address:
11. Business Office Phone: Alternate Phone:
12. Description of type of Business Entity applying (LLC, Partnership, etc.):
13. Position of Applicant submitting this Application for Business Entity:
14. Federal Tax ID Number of Business Entity:

For Applicant filing this Application for the Business Entity:

If you answer "Yes" to any of the following questions, please explain in detail in Part IV on page 3 of the Application. A background check will be performed if selected as the Commission Contractor of a License Plate Agency (hereinafter LPA)

15. Have you been arrested or convicted of a violation of any law (other than minor traffic violations)? Yes No

16. Have you ever been discharged or asked to resign from a position? Yes No

17. Are you related by blood or marriage to any person now employed by the State of North Carolina? Yes No

18. EDUCATION RECORD AND LEARNED EXPERIENCE

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4						
Schools	Name and Location	Dates Attended	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	S/Q Hrs.	Maj./Min. Course Work	Type Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Vocational Education			Yes <input type="checkbox"/> No <input type="checkbox"/>			

19. Professional Certifications: _____

20. Explain your typing ability: _____

21. Do you have any experience in cashier work? Yes No

22. Do you know how to balance a cash drawer? Yes No

23. Do you have any experience in motor vehicle title work? Yes No

PART II. EMPLOYMENT RECORD

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

PART III. PERSONAL AND PROFESSIONAL REFERENCES:

Other than relatives, please list those individuals who can certify to your character, work experience and business capabilities.
 Other than relatives, please list those individuals who can certify to your character, work experience and business capabilities.

1. Personal Professional Name: _____
 Address: _____ Phone: _____
2. Personal Professional Name: _____
 Address: _____ Phone: _____
3. Personal Professional Name: _____
 Address: _____ Phone: _____
4. Personal Professional Name: _____
 Address: _____ Phone: _____

Part IV: Additional Details

PART V. PERSONAL FINANCIAL STATEMENT OF APPLICANT SUBMITTING APPLICATION FOR BUSINESS ENTITY

Please note the amount or value on this personal financial statement, and add additional details for each item marked with an * on the following page as required.

IMPORTANT! FOR AN APPLICATION TO BE CONSIDERED, INFORMATION MUST BE PROVIDED AS REQUIRED*

ASSETS*	AMOUNT IN DOLLARS
CASH – Checking Account(s)	\$
CASH – Savings Account(s)	\$
Certificates of Deposit	\$
Securities – stocks, bonds, mutual funds	\$
Notes and contracts receivables	\$
Life insurance (cash surrender value)	\$
Personal Property (autos, jewelry, valuables)	\$
Retirement Funds (eg: IRAs, 401k)	\$
Real Estate (market value)*	\$
Other assets (specify)	\$
TOTAL ASSETS¹:	\$

LIABILITIES**	AMOUNT IN DOLLARS
MORTGAGE	\$
TOTAL CURRENT CREDIT CARD DEBT	\$
NOTES PAYABLE (describe below)	\$
TAXES PAYABLE	\$
Other Liabilities (specify)	\$
TOTAL LIABILITES²:	\$
1 ENTER TOTAL ASSETS FROM ABOVE	\$
2 ENTER TOTAL LIABILITIES FROM ABOVE	\$
<i>Subtract Total Liabilities² from Total Assets¹ to determine Total Net Worth</i>	
TOTAL NET WORTH	\$

ASSETS*

Securities – stocks, bonds, mutual funds.	Number of shares	Cost	Date of Aquisition	Market Value
Notes and contracts receivables; Purpose	From Whom Owing	Original Amount	Monthly Payment	Balance Owing
Real Estate: Address and Property Description	Purchase Date	Original Cost	Amount Owing	Current Market Value
Additional information for any other assets:				
Other Asset				
Other Asset				
Other Asset				

LIABILITIES**				
Credit Card and Charge Card Debt Name of Card/Creditor	Amount Due	Interest Rate		
Notes Payable: Name of Creditor. Is the amount secured by a lien?	Original Amount	monthly Payment	Interest Rate	Amount Owing
Real Estate: Address and Name of Creditor. Is the amount secured by lien?	Original Amount	Monthly Payment	Interest Rate	Amount Owing
Other Liabilities (specify)				
Other Liabilities (specify)				
Other Liabilities (specify)				

PART VI. BUSINESS ENTITY

Please answer all questions below and provide all documents in the following checklist for the Business Entity.

Business Entity name: _____

Has the Business Entity ever filed for bankruptcy or had legal action against the business? If Yes, describe: _____

Has the Business Entity ever been in default with Department of Revenue in this State or any other state?
Yes No If Yes, when? _____

Has your business ever been suspended by the Secretary of State in this State or any other state?
Yes No If Yes, when? _____

List officers of the Business Entity and their position. _____

If the Business Entity has shares, how many shares were issued and how many shareholders does the business have?
Please list their names and number of share(s) owned. _____

If the Business Entity has shares, the undersigned Applicant holds a majority of the shares.
Yes No

If the Business Entity has not issued shares, the undersigned Applicant is the sole owner of the Business Entity.
Yes No If No, list the ownership interest(s) of the Business Entity. _____

The undersigned Applicant has the authority to sign on behalf of the Business Entity. Yes No

List any other person that has authority to sign on behalf of the Business Entity and their position with the business.

When did the Business Entity have its' last independent/external financial audit? Please provide a copy of the last report. _____

Are any of your employees or officers of the Business Entity related by blood or marriage to any person now employed by the State of North Carolina? Yes No If Yes, please list State Employee's name:

Will you be operating the LPA at the same location of this Business Entity? _____

Does the Business Entity currently offer customer facing services? Yes No

What expertise does the Business Entity have in customer service? _____

Has the Business Entity had any experience in motor vehicle title work? Yes No If Yes please explain: _____

How does the Business Entity manage risks? _____

Is the Business Entity a subsidiary, parent, or under the umbrella of any other Business Entity? Yes No If Yes, please explain. _____

Does the Business Entity plan or forecast operating the LPA with any other activity of the business? Yes No If Yes, please explain the interaction of the other business activity at the LPA location. _____

Is the Business Entity in any way associated with the automobile insurance, sales of automobiles, or providing N.C. Inspections? Yes No If Yes, please explain: _____

Please include all of the following with this Application:

- Business Registration/Licenses
- Most recent Independent audited financial statement including Profit & Loss (P&L) statement
- Insurance
- NC Secretary of State filings
- Other as requested

PART VII. PROPOSED OFFICE LOCATION

Please note the address of the proposed office location? _____

Please provide a description of the facility and available parking (Include photographs of the location): _____

Does the location comply with all State and Federal Requirements, including the Americans With Disabilities Act? Inspections? Yes No If No, please explain: _____

PART VIII. BUSINESS FINANCIAL STATEMENT

Please note the amount or value on this financial statement, and most recent Independent audited financial statement including Profit & Loss (P&L) statement.

IMPORTANT! FOR AN APPLICATION TO BE CONSIDERED, A COPY OF THE BUSINESSES LAST INDEPENDENT FINANCIAL AUDIT MUST BE ATTACHED.*

ASSETS* Provide detail below	AMOUNT IN DOLLARS
Other assets (specify)	\$
TOTAL ASSETS¹:	\$

LIABILITIES** Provide details below	AMOUNT IN DOLLARS
Other Liabilities (specify)	\$
TOTAL LIABILITES²:	\$
1 ENTER TOTAL ASSETS FROM ABOVE	\$
2 ENTER TOTAL LIABILITIES FROM ABOVE	\$
<i>Subtract Total Liabilities² from Total Assets¹ to determine Total Net Worth</i>	
TOTAL NET WORTH of BUSINESS	\$

PART VII: CONFLICT OF INTEREST

Conflicts of Interest: Applicants are required to disclose any conflicts of interest on their Application for LPA. Please provide any potential conflict(s) the applicant may have in operating a LPA and/or with the Division of Motor Vehicles. A potential conflict of interest may include, but is not limited to: Automobile dealer, Employee of Automobile dealer, Interest in Automobile Dealership, Inspection Station, Junkyards, Automobile financing agencies, or Insurance agencies. For each potential conflict, please state whether the applicant would be willing to forego the potential conflict in order to enter into a contract with the Division to operate a LPA. _____

PART VIII. ACKNOWLEDGEMENT

I acknowledge that if our business is chosen as a Commission Contractor for a LPA our business will not be able to hire or retain employees at the License Plate Agency who have a potential conflict of interest as indicated above.

I acknowledge that if our business is chosen as a Commission Contractor for a LPA our business will not be able to hire or retain employees at the License Plate Agency who have been convicted of any serious misdemeanor or felony offense in any State or Foreign County.

I acknowledge that if our business is chosen as a Commission Contractor for a LPA our business will be required to provide a guaranty bond pursuant to N.C. Gen. Stat. § 20-63.01.

I certify that all answers and statements in this Application are true. I am aware that, should any investigation disclose misrepresentation or falsification, our business shall be disqualified for consideration for the position of Commission Contractor.

I _____ certify that I am an agent of the business and am certified to sign this Application on behalf of _____.

I _____ certify that all answers and statements in this Application are true. I am aware that, should any investigation disclose misrepresentation or falsification, our business shall be disqualified for consideration for the position of Commission Contractor.

Applicant/Majority Shareholder's printed Name: _____

Signature: _____

Date _____

** Please mail completed application along with supporting documentation to:
North Carolina Division of Motor Vehicles
Vehicle Services Director's Office
3145 Mail Service Center
Raleigh, North Carolina 27697-0001

